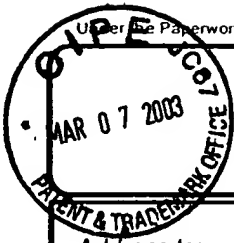


3-113

CPA/28712



PTO/SB/29 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
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CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 CFR 1.53(d))

CHECK BOX, if applicable
☐ DUPLICATE

Address to: Assistant Commissioner for Patents Box CPA U.S. Patent and Trademark Office P.O. Box 2327 Arlington, Virginia 22202	Attorney Docket No. of Prior Application	712-002.165/CC0273
	First Named Inventor	Michael A. Davis
	Examiner Name	A. V. Amari
	Group Art Unit	2872
	Express Mail Label No.	EV 252 880 328 US

This is a request for a ☒ continuation or ☐ divisional application under 37 CFR 1.53(d),
(continued prosecution application (CPA)) of prior application number 09 / 648,525
filed on Aug. 26, 2000, entitled Optical Filter Having A Shaped Filter Function

CERTIFICATE OF EXPRESS MAILING

I hereby certify that, on the date shown below, this correspondence is being deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Box CPA, Arlington, VA, 22202, as "Express Mail Post Office to Addressee", Mailing Label No. EV 252 880 328 US

03/17/2003 AJOHNS01 00000005 230442 09648525
01 FC:1201
02 FC:1202

Date: March 7, 2003

Margery B. Hood
Name: Margery B. Hood

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MAR 14 2003
TECHNOLOGY CENTER 2800

03/12/2003 NHOH001 00000080 09648525
01 FC:1006

750.00 DP

- ☒ Enter the unentered amendment previously filed on January 31, 2003 under 37 CFR 1.116 in the prior nonprovisional application.
- ☐ A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53(d)(4).
 - ☐ DELETE the following inventor(s) named in the prior nonprovisional application:
03/20/2003 AJOHNS01 00000005 230442 09648525
168.00 CR
792.00 CR
The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- Information Disclosure Statement (IDS) is enclosed:
 - ☐ PTO-1449
 - ☐ Copies of IDS Citations

Adjustment date: 03/17/2003
03/17/2003 AJOHNS01 00000005 230442 09648525
01 FC:1201
02 FC:1202

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PTO/SB/29 (10-00)

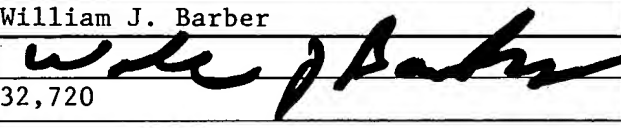
Approved for use through 10/31/2002. OMB 0651-0032
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	TECHNICAL CENTER	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c) or (j))		-20* =		x \$ _____ =	\$
INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))		-3** =		x \$ _____ =	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))				+ \$ _____ =	
				BASIC FEE (37 CFR 1.16)	750.00
				Total of above Calculations =	750.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.27).					
* Reissue claims in excess of 20 and over original patent.					
** Reissue independent claims over original patent.					
				TOTAL =	750.00

6. ☐ Small entity status: Applicant claims small entity status. See 37 CFR 1.27.
7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 23 - 0442:
- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.
8. ☒ A check in the amount of \$ 1,160.00 is enclosed. (includes \$410.00-2 month ext)
9. ☐ Payment by credit card. Form PTO-2038 is attached.
10. ☐ Applicant requests suspension of action under 37 CFR 1.103(b) for a period of _____ months (not to exceed 3 months) and the fee under 37 CFR 1.17(i) is enclosed.
11. ☐ New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)
12. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)
- b. ☒ Return Receipt Postcard (Should be specifically itemized, See MPEP 503)
13. ☒ Other: Petition for a Two-Month Extension of Time (2 sheets)

NOTE: The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

14. NEW CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		004955		or <input type="checkbox"/> New correspondence address below	
(Insert Customer No. or Attach bar code label here)					
Name					
Address					
City	State	Zip Code			
Country	Telephone	Fax			

15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
Name (Print/Type)	William J. Barber
Signature	
Registration No. (Attorney/Agent)	32,720
Date	March 7, 2003